

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
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50						
<b>TOTAL IND.</b>	<b>5</b>					
<b>TOTAL DEP.</b>	<b>37</b>					
<b>TOTAL</b>	<b>42</b>	<b>RECEIVED</b>	<b>RECEIVED</b>	<b>RECEIVED</b>		

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100						
<b>TOTAL IND.</b>		<b>RECEIVED</b>	<b>RECEIVED</b>	<b>RECEIVED</b>		
<b>TOTAL DEP.</b>		<b>RECEIVED</b>	<b>RECEIVED</b>	<b>RECEIVED</b>		
<b>TOTAL</b>	<b>42</b>	<b>RECEIVED</b>	<b>RECEIVED</b>	<b>RECEIVED</b>		